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CASES OF OVARIOTOMY.

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[Communicated for the Boston Medical and Surgical Journal.—Continued from vol. lxx., p. 490.]

CASE VII.—Miss C., of Springfield, Mass., consulted me some time in the month of December, 1863, in regard to an ovarian tumor, which had occasioned her much anxiety, as well as more or less suffering, during the past three years.

She was about 40 years of age, of remarkably fine organization, and but for the disease in question had always enjoyed the best of health. The enlargement, she says, began on the left side, and increased very slowly at first, but during the last year much more rapidly.

While under the care of her physician, Dr. Breck, of Springfield, she was advised to consult some eminent man of the profession in Boston; but the physician to whom she had been directed, after a careful examination of his patient, was unable to come to any settled conclusion as to the real nature of the disease or the proper plan of treating it; whether the enlargement was owing to an ovarian cyst, or a mere peritoneal dropsy. The characteristic tympany, ordinarily observed in the latter condition, being absent, it was suggested by this physician, that for the purpose of settling so important a point, the patient should take something to "*generate flatus*;" and to this end it was thought that a diet of "*baked beans*" might prove effectual. Whatever merit this otherwise valuable esculent may possess as a diagnostic auxiliary in other cases, its virtues in this instance, I understand, were never put to test.

About two weeks after her return to Springfield she was tapped, and 10½ pounds of fluid drawn away, similar, the patient says, in point of color and consistence, to "*small beer*."

Now that the question as to the real nature of the disease had been settled, her visit to me was to ascertain my views as to the expediency of attempting a radical cure by an operation. The cir-

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cumstances of the case altogether considered, struck me as favorable for the success of such a measure; though in this, as in every other instance of the kind, however promising in appearance, I refused to advise it—leaving the responsibility of so important a matter entirely with the patient and her friends.

Almost immediately on her return home from Lowell, the removal of the tumor was determined on, and the time fixed upon for having it done. Before the appointed day had arrived, however, she was suddenly seized with severe pain in the right side of the abdomen, accompanied with great soreness, also with extreme difficulty of breathing. To relieve urgent suffering, a second tapping was now resorted to, and 26½ pounds of albuminous fluid drawn away, of darker color and greater consistence than at the previous tapping. Immediate relief followed this operation, but there came on at once great swelling of the *left* lower limb, attended also with pain and extreme sensitiveness to touch. Confinement to her bed and to the house in consequence of this attack, lasted something more than two weeks; she then came to Lowell again, and in two weeks more submitted to the removal of the tumor.

The operation took place the 9th of February, in the presence of Dr. Breck, of Springfield, and Drs. Whitmore, Kidder and Pearson, of Lowell. An explorative examination showed that probably there were no serious obstacles on account of adhesions; so that after having first evacuated the large cyst (the only one beside being very small), there was no difficulty in drawing out the remaining portion of the tumor through an incision not more than five inches in length. It only remained to complete the operation by embracing the severed pedicle in a clamp, and closing the remainder of the wound by two sutures and adhesive strips.

There was severe pain, and repeated vomiting for the first twenty-four hours, but afterwards everything went on most satisfactorily. In just three weeks from the day of the operation, the patient returned to her home.

The only points in this case that seem to give it any special interest or importance, are those which relate to the sudden and severe attack of pain, alluded to in the foregoing history. Severe paroxysmal pains are not unfrequently experienced by persons suffering from ovarian tumors; but they are usually controlled by ordinary remedies. The obstinate persistence of suffering in this instance, even to the requiring a resort to a second tapping, together with the protracted soreness afterwards, were sufficient to occasion a strong suspicion of peritoneal inflammation. The absence of this condition, however, as shown in the progress of the operation, was a gratifying fact, even though considered merely in its bearing upon the case in hand; in future cases, should the same state of things occur, I should certainly feel less anxious in estimating the chances of a successful operation.

In regard to the swelling of the left limb, above spoken of as having followed the second tapping, and which continued for nearly four weeks afterwards, I suppose it may be properly regarded as a condition not essentially different from the phlegmasia incident to childbirth. In its outward appearance I could see no difference.

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NATURAL LABOR IN A CASE OF GREAT EXHAUSTION FROM  
CHRONIC DIARRHŒA.

REPORTED BY DAVID W. CHEEVER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. A. L., about 30 years of age, has borne four children, the youngest now about 4 years old. Has long been thin in flesh, and slender in strength. Had a hard time in two of her labors, but nothing remarkable in the others. In two of these pregnancies she was troubled with diarrhœa for some weeks, which finally ceased of itself, but which reduced her much, and the children born after these illnesses were small and puny.

1863, Oct. 1st.—Being called to see her child, I noticed that she looked very wan and anæmic. On inquiry, learned that she considered herself about seven months pregnant, and had been troubled with chronic diarrhœa for three months. The discharges were painless, and came on mostly during the night and early morning, and amounted to four or six a day. As she had previously had the same trouble, she thought but little of this, and had let it run on without much treatment. She was directed to be careful of her diet, to use astringents, and also iron. Emaciation was considerable. Debility great.

On the 10th of October, there was no improvement. She looked and felt worse. Had been unable to bear the iron, and was tried with various other remedies without avail.

Oct. 18th.—Considerable tenesmus; many thin, mucous stools; great exhaustion; little appetite. Now mentioned that she had been troubled for some time with a loose, soft cough. She was finally persuaded to go to bed, and soon after remaining in the horizontal posture the symptoms of a dysenteric character improved. There was less straining, and the stools were less frequent, which was ascribed to the rectum and perinæum being relieved of the pressure of the pregnant uterus. The appetite was poor—some beef-tea and beef-juce being the only things borne at this period.

The temporary improvement was only for a day or two. The stools increased to twelve or fifteen a day, and vomiting and severe burning at the stomach supervened. Besides this, the debility increased to an alarming degree. To explain this, it must be remembered that thin, serous discharges existing for months, a very limited

diet, and the nourishment of the fœtus, had all been telling on the nutritive processes and combining to pull her down.

On the 23d of October, I was sent for in haste in the morning, and found her faint, with a cool skin and feeble pulse, and apparently sinking. She thought herself dying, and went through the fatigue of receiving the sacrament. The motions of the fœtus could still be felt by her. Opium and stimulants were given, and she gradually rallied, retaining a pulse of 130 throughout the day. The next day but one, a similar prostration recurred. She was now wholly dependent for comfort on opiate enemata, which had been used for some time *pro re nata*. At this time the amount of nourishment borne by the stomach was very small—ice, wine and water, and occasionally a little beef-tea or milk. During the next ten days she often passed the entire day and night without any food—sometimes with two or three teaspoonsful of beef-juice; any larger amount at once brought on distress and retching. Meanwhile the exhaustive tenesmus and frequent stools continued, and under these combined influences she sank to a mere shadow—the cough increasing in frequency, the sputa becoming copious and purulent, with evidences of a rapid organic change in the lungs. A violent hectic was also often present. Of course it seemed vain to hope that the uterus could throw off its contents; or that any means to encourage it to do so could be justifiable, in the patient's very feeble condition.

This state of things continued, growing gradually worse, until Nov. 3d, when I was called to see her about 11, P.M., and found that she had had bearing-down pains, resembling labor-pains, for several hours. The pulse was 128, and very feeble. The pains, though very gentle, produced extreme suffering and exhaustion. The stomach could bear very little. An examination revealed the os uteri expanded about one inch in diameter, and the walls of its circumference very thin, cool, and a little moist. The head was presenting. The motions of the child could be plainly felt through the abdominal walls. The size of the uterus did not appear to be more than that of six months. The patient considered herself eight months pregnant. The pains increased in frequency. I felt that the woman would either die undelivered, being unable to throw off the child unaided, or, if she did, would sink after delivery from uterine hæmorrhage. I went out for some ether, and ergot, and my instruments. I felt pretty confident that the labor must be slow, and that I should have ample time. Before I got back the child was born. Two pains only were sufficient to throw it off. The placenta was retained. There was no hæmorrhage, and the uterus was moderately contracted. The pulse was 130, and very feeble, the skin of the cheeks and nose cool, and the patient with the sighing respiration of exhaustion. A little wine and water was swallowed, and some ergot administered. About twenty minutes



were allowed the patient to rally, as there was no flowing. Slight pains now supervening, gentle traction was made on the cord, when it broke off near the placenta, being small and soft. The hand was now introduced into the uterus, and the placenta found detached, but lying wholly in the uterine cavity. Still there was no hæmorrhage. The placenta was removed, and the uterus contracted, with the loss of scarcely a drop of blood. Wine and ergot were repeated, and the bandage applied. So thin were the abdominal walls, and so great the emaciation, that the uterus could be seen as a large, round, hard tumor above the pubes. I remained two hours, but no hæmorrhage occurred. There was considerable after-pain, and some laudanum in wine was given.

The child was evidently at full term. It was a plump, hearty boy of about seven pounds weight, and cried vigorously as soon as born. There was no trouble with the cord, and having been put to a wet-nurse, there is every reason to think it will thrive.\*

Nov. 4th.—Next day, the patient was quiet and more comfortable, but very feeble. The passages from the bowels were less frequent, and there seemed some reason to hope that the dysentery might be relieved by the removal of the pressure of the uterus, and were it not for the lung difficulty that the patient might rally. But the improvement was very brief. She again had very numerous dysenteric discharges, with as bad tenesmus as before, and very copious expectoration. Hectic and vomiting added to her miseries, and she sank and died on Nov. 8th, six days after the birth of her child.

This case I have thought sufficiently remarkable to report, for several reasons:—

1st. That the uterus should have held on to its contents until the full term had elapsed, notwithstanding the tenesmus and straining of so frequent and long-continued diarrhœa and dysentery, covering a period of four months.

2d. That the uterus should have been able to throw off its contents with such comparative ease, notwithstanding the very feeble state of the patient, when it seemed, in fact, very doubtful whether she would live from day to day. The involuntary muscle of the uterus discharging its organic function in the midst of such a wreck of the whole voluntary system, was very striking.

3d. Even if the uterus could throw off the child, it seemed extraordinary that there was no flooding, or exhaustive serous draining after the labor.

4th. The size and plumpness and vigor of the child, born of a woman who had been steadily declining for the last four months of intra-uterine life, and who for some weeks had not taken and retained nourishment enough to support a new-born child out of the womb.

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\* July, 1864.—It is now a vigorous infant of 8 months.

Finally, the question arises whether it would be justifiable and best to bring on labor in a similar case before the natural term. At no time when I saw her, during the last four weeks of pregnancy, did I dare to make the attempt, deeming it not doubtful that the patient would die in labor, even if she lived long enough to begin a natural accouchement. Her carelessness about the chronic diarrhœa, because she had had it in previous pregnancies, prevented her from seeking medical advice earlier.

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#### THE INSTANTANEOUS TREATMENT OF ITCH BY OIL OF BERGAMOT.

[Translated from the *Journal de Médecine de Bordeaux* for June, 1864, for the *Boston Medical and Surgical Journal*.]

DR. MANFRE, the venerable clinical professor in the University of Naples, has published, in a Roman political newspaper, many articles on the rapid cure of itch. The best remedy, which he says he has thus far tried with complete success in his clinical service, is, according to M. Manfré, the oil of bergamot, which cures *instantly*, or at most in *two minutes*, even where the eruption is general.

According to him, this remedy, more economical, less irritating, more prompt in its insecticide effects than Helmerich's ointment or sulphur, makes the wards appropriated for patients with this disease in hospitals superfluous; for a single friction over the whole affected surface is sufficient to effect a perfect cure. The patient may return home immediately after this application, the precaution being taken of making him change his clothing, or of thoroughly purifying that which he has worn. An ounce or two of oil of bergamot is enough to complete the cure.

According to M. Manfré, the same remedy may be advantageously substituted for all those employed for the destruction of the *pediculus pubis*.

For a long time physicians have known the insecticide power of the essential oils, and there may be found in some formularies many receipts of M. Aubé for the cure of itch in two minutes. The essential oil of turpentine, mixed with essence of lemon, is the basis of the treatment recommended by this author. Before him, M. Gras had recommended the essential oil of lavender, which is quite analogous to that of bergamot, and has the additional advantage of not costing more than a quarter or half as much.

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It is stated in the *London Lancet* that a thorough boiling or roasting, as also perhaps intense salting and smoking, will kill the trichinæ; but an imperfect preparation by these methods will not affect the parasites, at least not those in the interior of the meat. Even putrefaction to a certain extent will leave the trichinæ intact.

PROF. FERGUSSON'S LECTURES ON THE PROGRESS OF ANATOMY  
AND SURGERY DURING THE PRESENT CENTURY.

LECTURE II.—ON CONSERVATIVE SURGERY.

MR. PRESIDENT AND GENTLEMEN,—Bearing in mind the intentions expressed in my first lecture regarding the subjects to be selected, I propose to-day to refer to one in which I have been long and deeply interested. That which has largely filled the mind throughout professional experience, and which has gained strength by years, naturally takes a foremost place.

The grand object of surgery is to cope with injury and to cure disease. All professional men agree on this point, but there is considerable variety of opinion as to the means of accomplishing the end, and as to one form of cure being better than another. Patients ignorant of our resources say, "Give us a cure; that is all we want." But some of us are critical, and think upon the kind best suited to the circumstances. We reflect upon the nature of the accident or disease; its probable issue; how long it may be before a cure can be expected; and, that being realized, in our anticipations we think further of the patient's probable or possible condition when it is declared perfect. Here it may be said that we touch at once upon the grandest features of high surgery. With a full philosophical reliance upon the powers of Nature, and a wonderfully accurate knowledge, gained from experience, of what she is likely to do in any given case, we take upon ourselves the task at one time of waiting upon her, but perhaps as frequently of guiding her, it may be gently, or it may be by rude force, and still with a reliance that she will not fail to do that which we desire, and so effect a cure, which shall be beyond doubt better than that which she might bring about when unaided by human skill. To wait upon Nature is an easy task compared with that in which we attempt to guide or coerce her. Few men are more disposed than I am to give full credit to Nature, but I believe it to be the mission of surgery to struggle with her when she is in error, and he who does this most successfully is the greatest master of his art.

As with many other things in social life, the ways of surgery get grooved. They are hallowed in the estimation of some. Because our grandfathers did so and so, it is often alleged that we cannot do better. Although our grandfathers were our seniors, it is overlooked that we are living at a date when the world is older by two generations. The man who steps from the groove is often held to be rash, and there are more to applaud the common wayfarer than to approve the conduct of one who may seem to doubt the wisdom of his ancestors, and who wishes to test by rational experiment if he can or cannot improve upon the known order of things.

Who can say that we have reached finality even in the grandest conceptions of the human mind? And, who, when seriously ques-

tioned, can say this of surgery? The vast additions to our resources within the present century show how far surgery was behind "sixty years ago." May it not be that additions equally great shall come within the next sixty? One thing is certain, that unless some men strike from the beaten track, improvement and addition can hardly be expected. I have known hospital surgeons say that they should like very well to do this thing or that, provided it were proved to them practically. Supposing all surgeons alike in this respect, we should never get the proof. The man of inquiry may have at least three objects distinctly in view when he digresses from the beaten path. He may wish to produce novelty, or to get proof that a certain practice is so good that it should be more largely followed out, or so bad that it should be positively abandoned. Revivals are rarely attended with success, yet great results occasionally follow; and I cannot refer to a more striking instance than that of the treatment of aneurism by compression. Thanks to the courage and good sense of Dr. Hutton, of Dublin, a practice virtually abandoned was again brought under our notice; thanks again to him and his fellow-laborers in that city, it was shown to be of the greatest value. We often talk of schools of surgery, and, without discussing the worth of the term, I may say for that of Ireland that no brighter emblem is associated with any other in these islands. Here was a revival which set aside the use of the knife in a large number of instances where it was thought indispensable, and a practice re-introduced based upon principles almost identical with those which have been gradually developed since Hunter tied the superficial femoral artery for aneurism in the ham. Who among our fathers or grandfathers could have imagined that pressure was yet to become so valuable? and who among ourselves ten years ago supposed that a popliteal aneurism could be cured by the retardation of the circulation effected by merely flexing the leg on the thigh?—a simple mechanical process, indeed, yet founded on some of the best surgical reasonings which we possess.

Looking to the old age of surgery, and the great men who have worked in the field, it is easy to perceive how rarely it must fall to the lot of any one to devise that which is new and also good. Even in such an instance the worth of the novelty is seldom quickly appreciated. The story of Paré and the ligature is familiar to all who know a little of our profession. May not a similar remark be made at some future day regarding Professor Simpson and acupressure? It actually seems to have escaped observation that even our great idol himself, John Hunter, scarcely was aware of the full value of his operation, while it was derided and opposed by those in high places. Hunter spoke modestly and hesitatingly of his own opinions. Bloomfield and Pott gave them their decided opposition. A leading surgeon of the day used the following words:—"An extravagant proposition has been suggested by some people to tie up the princi-

pal trunk of an artery in the extremities. I once saw an attempt of this kind in a true aneurism of the ham, in which I shall only remark that the patient died; and I do believe that the embarrassments which occurred, as well as the event of the operation, will deter the gentleman [meaning Hunter] who performed it from making a second attempt in a similar case." Such was the language used regarding the greatest philosopher in surgery, and with regard to the views and actions that led to an operation which, in my opinion, contributed more to the brilliancy and progress of modern surgery than any other that I can name.

With such examples as these, let no man who has common sense on his side be daunted by the cry that "surgery is in danger" when novelty is proposed. Good is likely to come out of honest labor, although the best hopes may be disappointed; and as fair instances of the kind I may remind you of the operations of tying the abdominal aorta and arteria innominata. A caviller might ask, "What is the value of these heroic proceedings, as death has followed in every instance?" My answer is, that they may now be taken as important precedents that such proceedings should never again be attempted on the human body.

Happily, men are found in every generation who do leave the beaten track, and their labors are looked upon with greater interest than those of others, for they are emphatically the men of the time. Their doings in a manner instigate, invigorate and regulate the practice of the day; and when they are gone, if even a footprint be left, their names will stand prominent among those who have contributed to the advancement of surgery.

Amongst various characteristics of modern surgery I shall now venture to draw special attention to a field in which I have myself been an humble laborer. To save life and limb is a grand feat; it may be said to be the highest reach in surgery. There is a stronger feeling abroad at the present time than when I was young that amputation should be avoided by every possible reasonable means. Whilst watching on my own account, I perceived around me indications that others as well were thinking on this subject; and, already, proof had been given that the amputating knife was no longer necessary in many instances like those where it had previously been freely applied. That such a result has finally come about no one can hesitate to admit, and as a familiar illustration, I may at once refer to the treatment of disease of the elbow-joint. If synovial membranes, cartilages and bones seem irremediably diseased, or, in words, beyond hope of cure within reasonable time, instead of performing amputation, the tissues chiefly affected are removed by a local operation, and the forearm, with hand, are left so little damaged that the limb may ultimately, as has often been proved, be nearly as useful as its fellow.

I feel almost ashamed at bringing forward such a common-place

illustration, as every well-educated surgeon of the present day must consider it; but I do so on purpose, for it is one which defies contradiction, and it is almost entirely a development of modern surgery. The original suggestion of Park, and its realization by the elder Moreau, produced but little effect either in this country or abroad, notwithstanding the clear manner in which they were brought before the profession, in 1806, by Professor Jeffrey, of Glasgow, and it was not until the operation was taken up by Mr. Syme, that it attracted any serious attention. Although claims have been put in for others leading the way in this direction, I cannot admit them as worth much consideration. Some of these cases are of mythical character. Those who dealt with them may be likened to the original settlers in Australia, who made roads and built bridges of the quartz in which gold abounded. Both were ignorant of the precious things they had in hand. I may refer to Sir Philip Crampton as one who zealously demonstrated the value of this operation; but even his influence would have been but little, and it was left for the energy of Mr. Syme, at the surgical head of a great school, to place this operation on a sure footing, with a character of usefulness unexcelled in the range of surgery.

But this is only one of the examples in which, in modern times, surgery has triumphed in setting aside amputation; and to illustrate my present task I must glance, although rapidly, at additional instances of success in this direction.

I believe it to be a common opinion, that when a piece of bone is bare, or a joint grates, there is no probability of recovery in the part, and that amputation is the proper course. This, however, is a great error; for bare bone is covered again in many instances, and a joint may still be so far restored that there may be a certain amount of motion in it, or if not, there may still be a cessation of disease, with a useful member. Even when bone is dead, nature causes a separation, and thus leads the way to its removal, either by spontaneous evolution or by the hands of the surgeon; so that a limb may be retained with much of its original appearance.

These things are so thoroughly understood by most well-educated men of the day that it may seem strange to allude to them; yet my own experience has told me that fingers and thumbs—aye, even large limbs—are frequently sacrificed, when a little waiting and judicious management might bring about a result far more creditable to surgery and advantageous to the patient.

It may seem to many almost beneath the dignity of my present position to bring such a case as this before you. A gentleman of active habits, and in charge of a large establishment, to whom the use of the pen was of vast importance, had a bad whitlow in the end of his right thumb. An abscess was opened in due time, when the distal phalanx was found bare. Amputation was thereupon urged, but the patient objected. He was then, on taking another opin-

ion, advised to wait a little. In a few weeks the bare bone, consisting of about one half or two thirds of the phalanx, was removed by forceps through the original opening for the abscess; and ere long the thumb, seemingly entire, was as useful as it ever had been. Let me add another case. A shoemaker—shall I say, to make the case more interesting, “a son of St. Crispin”—a great cutter in his way, had a thumb similarly affected; and he, too, was recommended to have amputation performed. But a dead bit of phalanx was extracted here also, and he, like the other patient, rejoices in a useful thumb to the present day. I might recite many similar cases; but, doubtless, most of you have had experience of the kind. If so, you will think with me, that amputation in such cases is not required; and that when done, it is a deplorable example of meddling, bad surgery. It is in reality because I have seen so many similar cases of error in this direction, that I have made so bold as to bring them under notice in this theatre, where, naturally, only the so-called grand things in surgery may be expected to be spoken of. Opinions may differ; but for my own part, I deem it a grand thing when by prescience even the tip of a thumb can be saved.

I have the additional reason, too, for alluding to such cases, that they serve to illustrate a kind of practice in which I have for two thirds of my experience as a practical man been deeply interested, and to which I have ventured to give a name as if it were a special department in our profession.

With a conviction, founded on practical experience, that many limbs and members had been sacrificed by amputation which might have been saved; that deeds had been done which, on a superficial glance, seemed as high art in our profession, when in reality they were indications of weakness, being the very *opprobria* of our calling, I ventured to call attention to such matters in a paper in the *Medical Times and Gazette*, published on the 3d of January, 1852, wherein I first made use of the term “*Conservative Surgery*.”

It would indeed be arrogation were I to affect being the first in such a field of practice. In the paper referred to, I showed how others had been before me; and it may be truly said that all surgery is conservative, its grand object being to save limb and life. Yet the phrase was new in surgery, and was used in a particular sense, which it is partly my object to explain in this lecture. It is, indeed with feelings of pride that I see and hear it used so familiarly. It is now a part of our common nomenclature; it is often in the mouths of those who know not its origin; it is used by military practitioners as well as civil; it has become familiar in our provinces and colonies, and has resounded even from the antipodes. It was, in a manner, hallowed when used as applicable to the practice of one of the last departed of our greatest worthies, Sir Benjamin Brodie; for the author of a memoir of that surgeon thought it a high compliment to state that his practice was eminently “conservative.” Even now



I know of no instance better illustrative of the subject than that which I described from Sir Benjamin's practice in the paper alluded to. The memorable instance in which he amputated a leg for incurable pain in the tibia is one of the beacon lights of surgery never to be forgotten. It was, if I mistake not, the model case on which all our modern ideas about abscess of bone are founded, and the pathological examination of that limb led to a line of practice of inestimable value, which even at the present day is, I imagine, scarcely appreciated at its full worth. Brodie saw that intolerable pain had been caused by a deep-seated abscess in the tibia, where the matter could find no escape. In the next case of the kind which came under his notice, he bored an opening in the side of the bone, gave exit to the matter, and so relieved the patient of pain; and, whilst curing his malady, saved the limb from amputation. The example has been followed again and again, with great advantage, and I repeat that I know not, even now, a better illustration of conservatism in the whole range of practical surgery. The operation was scarcely known when I began the profession, and I confess that it was not until I had been many years in practice that I appreciated its value, and, in particular, saw to what it was in a manner the key. It led me to reflect on other instances where local operations had, or might have, sufficed for the sweeping mutilation of amputation; and I threw together a number of examples wherein, after removal of parts locally, and even extensively, useful limbs had been retained, and thus I felt that the so-called opprobrium of surgery—amputation—had in these cases been successfully set aside. As years have rolled on, this line of practice has been gradually developed into a kind of system, and many modern surgeons are more proud of the number of members or limbs they can refer to as saved in this way than others are of the comparatively common-place operation of amputation. Let me say in extenuation of this expression, that no one can more thoroughly appreciate a well-performed amputation than I do; but I certainly appreciate more highly the operation which sets aside the necessity for that mutilation.

Since my views on conservative surgery were first disseminated, I have observed with regret that some have alluded to the term without having a proper appreciation of its meaning. To treat a fracture in the ordinary way, to cure an ulcer, to deal successfully with a chancre with or without mercury, have been alluded to as examples of this sort of practice. Surgery is emphatically preservative or conservative in such cases; but the phrase was coined and used as applicable to a line of practice whereby the loss of a limb might be averted, and the meanest act of surgery—namely, amputating for seemingly incurable local disease—might be superseded by more perfect adaptation of surgical science and art. I certainly should not presume to address you on this subject were it not that I have a strong conviction that surgery has made great strides of improve-



ment in this direction within the period of time to which these lectures are chiefly confined.

Again I repeat that this kind of practice cannot be considered new. Every saving act of surgery may be so denominated. But the phrase in modern times has a peculiar significance, for it is meant to show that instead of the sweeping and radical measure of total separation or amputation, a compromise may be made whereby the original constitution and frame, as from the Maker's hand, may be kept as nearly as possible in its normal condition. When Hunter tied the superficial femoral artery for popliteal aneurism, he did a great act of conservatism. Here are his very words. In referring to amputation for aneurism in the ham, and to the old operation which Pott objected to, owing to the state of the artery near the disease, "*why not tie it, up higher in the sound parts, where it is tied in amputation, and preserve the limb?*" His object was to avoid amputation: and he then initiated a long and successful career in that direction. It was a vast idea and a vast triumph for the time.

But instead of thus in a manner reiterating, let me rather bring forward modern illustrations of conservatism to shewn the sense in which I wish the term used.

At first sight it may appear that, in dealing with tumors, when the knife is applied there is no room for such practice; yet even here I believe it to be peculiarly applicable. There is a poetic fallacy regarding the skilful surgeon who boldly cuts beyond the seat of disease, by way of making sure of its eradication, which should have no consideration with the good pathologist. Whilst doubtless this maxim is safe in cancers, I believe it to be fraught with great mischief in most other cases, and some of the finest things in modern surgery are done seemingly in the very midst of disease. As illustrative of this, I may refer to excision of joints. A feature of these operations is, that they are done in such locality. Here we see the difference between ancient theory and modern fact. There is no need in such instances of making sure that all the incisions are beyond disease; the articular surfaces, possibly some portions of the ends of the bones, are the really incurable parts; and if these are once removed, the surrounding swelling, which to the eyes of the ignorant will appear as the chief disease, will soon diminish, and ere long pass away. Yet what monstrous mistakes have been made on this very point! Limbs have not only been amputated, but amputation has been performed far higher than needful, because of the mistaken idea that the knife must sweep beyond all semblance of disease. It may seem strange to many here that I should refer to such a subject, for they will say, Who can be ignorant about it? who has not seen the elbow-joint taken out from the midst of great swelling? But there are many who have not yet seen even the elbow taken out, and many who imagine that the great surrounding swelling is a bar to such an operation. Here is the cast of an arm on which one of

the earliest excisions of the elbow in London was performed: I say this advisedly, for twenty years ago the operation had not been performed a dozen times in this metropolis. The excision was done in public, and many of the onlookers were amazed at the seeming folly of the practice. Only the articular extremities of the bones were taken away. Immediately after the operation the swelling seemed well-nigh as great as ever; yet see from this other cast what a change took place in a few months. I believe that there are few doubts now on this subject, as regards this individual locality; yet how many will admit, how many will deny, the doctrine as applicable elsewhere? Are there six surgeons in England who have amputated at the knee for white swelling? Is the scrofulous swelling round the diseased ankle, are the foul ulcers and sinuses in such swelling, not, even yet, considered as serious, aye, insuperable, objections to amputation at that joint? and has it not been proved beyond doubt that the sinuses and ulcers close, and the swelling subsides, soon after the diseased articular surfaces are removed?

In the removal of tumors which are prominent on the surface, it is a common practice to include an elliptical portion of the skin. Now, excepting in instances of cancer where this texture is involved, and a few rare exceptions, I consider this to be a great error. For cysts on the scalp of or above the size of a walnut, this practice may be said to be the rule; yet the loose bag of scalp, if one is left, will very speedily contract to its natural dimensions, while when an ellipse is taken away there is apt to remain a broad, white, bald cicatrix. In removing an enlarged testis, the custom is to take away a portion of skin too; yet the scrotum is so contractile that soon after, although only a slit be made in the skin, it will appear less voluminous than on the untouched side. The contraction of the skin in this locality is well exemplified in instances of large hydroceles where, after the radical cure, the scrotum soon assumes its normal size. It is seldom indeed that I remove any portion of the skin when it is merely stretched and attenuated over the disease.

But here is an example to show the disadvantage of taking away a portion of merely overstretched skin. A large tumor was removed by Mr. Liston in the Royal Infirmary of Edinburgh, shortly before he left that city for London; and in all my experience I think I never saw a more brilliant operation. Such a proceeding was then both novel and rare, and to the present time it is the largest growth of the kind in this locality that I have ever met with. A few minutes sufficed for the operation, and the patient made a rapid recovery. But mark the history in this respect! The mouth was so drawn to one side, and the skin seemed so overstretched, that the operator was induced to take away an oblong strip, about an inch or more in breadth, from the mouth to the temple or zygoma. The sides of the wound, from the angle of the mouth upwards, came nicely together at the time; but the skin contracted rapidly to its normal state, and

union did not take place. At last there was left a large gap, extending from near the angle of the mouth up the cheek to the temporal region, eyelid, and side of the nose, which exposed the tongue and lower part of the mouth; and the poor woman, although relieved of the tumor, was disfigured grievously for life. Mr. Nasmyth, of Edinburgh, by ingenious mechanism, endeavored to fill up this gap and improve the poor woman's appearance materially.

When a part of the body is dead or incurably diseased, and must of necessity be removed, I am of opinion that conservative surgery may be displayed in a variety of ways. The examples already quoted of caries, of necrosis, of diseased joints, and as regards over-stretched skin, are so palpable that few will object to their being thus characterized. Operations on tumors of the jaws may be said to be performed to relieve distress, to obviate deformity, to give future comfort and immunity from further disease. A feature insisted upon by Professor Lizars with regard to operations on the upper jaw was, that the whole maxilla should be removed. Now, further experience has shown that in many instances no such extensive measure is required. The removal of the actual disease, wherever it may be, is all that is essential in such instances, provided the tumor is not malignant, for then even the removal of the whole bone is a questionable step. In these operations we can have conservatism as regards preservation of parts and preservation of appearance, of both of which I hope to give you proof as we proceed with these lectures.

In operations on the lower jaw, conservatism may be, and is, displayed in a manner to which few give much heed. But I beg your particular attention to this fact, that tumors of great size have been removed from this bone. The whole of one side thus implicated has been cut away by incisions across the bone, and the portion left has remained healthy throughout life. I have myself taken away by a horizontal incision as much of the alveolar margin of this bone as contained ten teeth, yet there was no return of the tumor for which the operation had been performed. In the last of these proceedings there was conservatism in not interfering with the base of the bone, and thereby preserving the face or chin from considerable deformity. In the first there was the like display in not taking away more than was necessary. How few have reckoned on the value of cases like these, as showing that in tumors of osseous tissue it is not necessary to remove the whole bone. Yet such a doctrine of destruction has got strangely, and, in my opinion, alarmingly prevalent. If a tumor shows in the tibia, even at its lower end, supposing amputation to be decided on, there are many who maintain that the operation must be performed in the thigh; for if any of the bone be left it would be sure to be the seat of a return of disease. The same doctrine is applied to the femur and to every long bone; yet there are no just grounds for such a doctrine. Besides the instances to the contrary which I have already given, I may say that when disease

does return after amputation for such tumor, it is seldom in the bone, but most generally in the soft parts, and often, too, at a considerable distance from the original seat of disease. It is implied that there is a peculiar circulation in a long bone, whereby, if disease be removed by amputating one end only, the vessels will be sure ere long to work in a similar manner in the end that is left. Now, as your Professor of Human Anatomy and Surgery, I protest against this doctrine. There is positively nothing in anatomy to support it, and I can hardly admit a single instance in pathology; for where disease has shown itself in bone after excision or amputation, I am more disposed to think that there has been some of the original malady left, than that the vessels in the remaining part have imitated the action of those concerned in the development of the original tumor.

But time warns me that I cannot dwell much longer on such topics at present. Suffice it to say that modern surgery has given us plenty of instances to show that tumors may be taken from bones, involving the whole thickness thereof, so as to admit of the preservation of a useful limb, and where disease has not returned.

As examples of conservative surgery, I may name the varied cunning operations performed on the fingers and portions of the hand to keep that important organ as entire as possible. On the foot there are many of a similar character. The partial operations on the tarsus by scooping out portions or removing whole bones, such as the cuboid or calcaneum, are pleasing examples of this style of surgery. Possibly in these days we have rather overlooked the vast merit of Hey's and Chopart's amputations; and who can doubt the conservatism and the advantages of amputation at the ankle by Syme's method or that of Pirogoff, compared with the palpable mutilation of amputation in the leg?

But should there yet be doubt about what I mean by conservative surgery, let me, in concluding this lecture, give you three further illustrations.

Mott, Warren, Syme, and others have removed portions, even the whole, of the clavicle, still preserving a useful extremity; and as further illustrations of the practice of removing portions of diseased bone with good effect, I may refer to the instances recorded by Travers, Luke, South, and others, of partial operations on the scapula. Here is a tumor nearly the size of a fist, which involved the lower angle of the scapula, in removing which I sawed the bone across. Two years have nearly elapsed, and there is no appearance of return. Mr. Liston, in 1819, removed three fourths of the scapula for a vascular growth. The disease did return in the bone in this instance, but the operator could get no one to sanction the removal of the whole bone "with the arm and half of the clavicle," although there was a kind of precedent for this in the instance in which Mr. Cumming, in 1808, amputated the upper extremity at the shoulder-joint, and removed the scapula immediately after.

The project of removing the entire scapula and leaving the rest of the upper extremity, was happily realized by Mr. Syme in October, 1856. The patient, about seventy years old, survived nearly two months—sufficiently long to encourage good hopes for future cases. In May, 1858, Mr. Jones, of Jersey, performed a similar operation. The whole scapula was removed, and the limb was preserved. Six years have now elapsed, and the patient lives, in excellent health, with a useful limb.

In November, 1860, Mr. Syme removed the head of the right humerus for a tumor, with a view of avoiding amputation at the shoulder-joint—which, in fact, would be required, if the growth were allowed to increase. A year afterwards some indications of further disease were evinced “on the upper and back part of the shoulder,” and so alarming did the symptoms appear that he recommended the removal of the scapula and arm at the same time. The patient at first declined such an operation, but was not long in submitting to whatever the surgeon might think best. The happy idea struck Mr. Syme that he might remove the scapula by itself, as with the former patient. In November, 1862, the scapula, with a portion of the clavicle, was removed by that enterprising surgeon, the diseased mass weighing between four and five pounds; and in January of the present year (1864), Mr. Syme reported that this patient remains in perfect health, with a wonderfully useful arm. Looking to the fact that this man had already lost the head of the humerus, the case seems to me the *ne plus ultra* of “conservative surgery.” Contrast it, I pray you, with those cases of total removal of the scapula and upper extremity recorded by Cumming, Gaetani Bey, M'Lellan, Gilbert, Rigaud, myself, and by Mr. Syme. Great though these may be as regards the magnitude of each operation, the cure of disease, and saving of life, I decidedly give the palm to the operations of Syme and Jones. Here is a sketch of my own case of removal of the scapula after the arm had been amputated at the shoulder-joint by some rash hand before. The loss of the arm seems deplorable, and looking at it as having occurred some fifteen years prior to the operations of Syme and Jones, the contrast between these pictures speaks volumes in favor of that progress for which I now plead, and I know of no bolder conservative feats in surgery than those of the two gentlemen just named.

Here is the cast of a boy's lower limb, and here is one from another similar case. In each the leg is bent at the knee to a right angle, the knee is swollen, and there are openings and sinuses in all directions. The history of each case told of incurable disease of the knee of several years' standing; the probe indicated an open joint, and, besides bare articular extremities, a great stretch of necrosis of the femur extending upwards for inches. The proof of extensive disease, the distortion of the limb, the state of hectic, all indicated the utmost hopelessness excepting from amputation. The

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leg and foot were sound, as was the greater part of the thigh. Instead of applying the amputating knife, local measures were taken. A large amount of necrosis of the femur was removed from each as a commencement. Soon afterwards the incurable articular surfaces were taken away; in other words, excision of the knee was performed. Here is a cast of one of these cases afterwards; unfortunately the lad got hip disease subsequently, but you will observe that my limb (the left) is the best; and this is the cast of the other; but, better still, here is the boy himself, with the leg that was preserved. He can stand upon it for hours, and walk miles daily. Of all my feats of conservatism, I know of none of which I am prouder.—*London Lancet.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, AUGUST 4, 1864.

THE "Chloroform Committee" of the Royal Medico-Chirurgical Society of London, after more than two years devoted to its preparation, have made their report. An abstract, prepared by the Committee in advance of publication, the document itself being very voluminous, may be found in the *Lancet* of July 16, 1864.

The three sections of the Committee (surgical, obstetrical, physiological) have evidently reviewed the subject with great care (one of them having held seventy meetings), and though nothing new characterized either their statements or conclusions, the report will prove of great value—especially in England, where the numerous deaths from chloroform have so deranged the minds of surgeons on the whole subject of anæsthesia—as the matured decision of a body of scientific experts upon the questions connected with anæsthesia, and upon which varying opinions have been held.

The grand feature of the Report, however, which gives it its chief importance, lies in the great concessions made with respect to sulphuric ether. These concessions, for which it would appear from the debate following the report, the members of the Society were scarcely prepared, are all the more satisfactory from the clearness with which they are asserted, and constitute a most gratifying triumph of the opinions so long and so strenuously maintained on this side of the Atlantic. It is creditable to the impartiality of the Committee that, in spite of the prejudices of their constituents, the inevitable conclusion with regard to the greater safety of ether should be so distinctly set forth, while the compromise which they recommend in the combined use of sulphuric ether and chloroform is more than could be expected, and probably all for which the community is prepared, in a country where complete ignorance and inexperience prevail with regard to the use of ether.

We take great pleasure in laying the following extracts from the report before our readers. The italics are our own.

"The first effect of chloroform is to increase the force of the heart's action; but this effect is slight and transient, for when complete anæsthesia is produced the heart in all cases acts with less than its natural force. The strongest doses of chloroform vapor, when admitted freely into the lungs, destroy animal life by arresting the action of the heart; whilst by moderate doses the heart's action is much weakened for some time before death ensues, respiration generally, but not invariably, ceasing before the action of the heart; death being due both to the failure of the heart's action and to that of the respiratory function. The danger

attending chloroform increases with the degree of stupidity it induces. \* \* \* In order that it may be administered with complete safety it is necessary that the proportion of vapor should not exceed  $3\frac{1}{2}$  per cent. \* \* \*

"In many respects the action of ether is similar to that of dilute chloroform. At first its vapor increases the force of the heart's action—an effect which is both greater and of longer duration than that observed with chloroform. The stimulation is followed by a depression of the force of the heart's action, but at the same degree of insensibility ether does not depress the action of the heart to the same extent as chloroform. \* \* \* Thus the energy with which chloroform acts, and the extent to which it depresses the heart's action, render it necessary to exercise great caution in its administration, and suggest the expediency of searching for other less objectionable anæsthetics. Ether is slow and uncertain in its action, though it is capable of producing the requisite insensibility, and is less dangerous than chloroform. On the whole, however, the Committee concur in the general opinion which in this country has led to the disuse of ether as an inconvenient anæsthetic. \* \* \* A mixture of three parts of ether, two parts of chloroform and one part of alcohol (by measure), is to be preferred, on account of the uniform blending of the ether and chloroform when combined with alcohol, and the equable escape of the constituents in vapor; and the Committee suggest that it should be more extensively tried than it has hitherto been in this country."

It is conceded then that chloroform is unsafe and falls short of the desired perfection, and that if sulphuric ether does not meet all the requirements in an anæsthetic it produces insensibility without the dangers of chloroform, may be given in cases of accident accompanied by "shock," when chloroform cannot with safety be administered, and that hereafter its qualified use is recommended. The "inconvenience" of sulphuric ether is the only reason why its unconditional adoption is not advocated.

The mixture proposed by the English Committee is virtually a combination of chloric and sulphuric ethers; chloric ether being only chloroform dissolved in alcohol. This was long ago extensively used in this city and abandoned as unsafe. It is well appreciated here that such a mixture, similar, except for the pernicious addition of alcohol, to that recommended by Dr. C. T. Jackson in the Ether Report of the Boston Society for Medical Improvement, does not meet the approval of those familiar with the use of pure sulphuric ether; for while, by increasing the strength, it diminishes to a slight extent the bulk of the anæsthetic, the addition of chloroform to ether retains all the dangers of the one without improving the other, or dissipating any of its alleged inconveniences.

But, as we have said, we hail this step on the part of English surgeons as a great advance, and the first towards bringing about the day when all men everywhere will subscribe to the conclusion, of the Ether Committee of the Improvement Society, that "The advantages of chloroform are exclusively those of convenience. Its dangers are not averted by its admixture with sulphuric ether in any proportions. The combination of these two agents cannot be too strongly denounced as a treacherous and dangerous compound. Chloric ether, being a solution of chloroform in alcohol, merits the same condemnation."

The other points of the report of interest in this country are very few. We find it stated that chief reliance is to be placed upon artificial respiration to restore suspended animation, in cases of threatened or apparent death from chloroform, and that galvanism, though it does resuscitate, is less reliable than persistent efforts to re-establish respiration.

With regard to the alleged increase of deaths following surgical operations since the discovery of ether, we learn that "the results of 2,586 capital operations performed before, and 1,860 since the introduction of anæsthetics, prove that they have in no degree increased the rate of mortality."

Of its use in cases of labor it is asserted, that "the balance of opinion is nearly equal as to whether it predisposes to imperfect contraction of the uterus after delivery."

We trust that this report will be extensively promulgated wherever the habit of using chloroform prevails. It cannot but discourage a continuance of the practice. If there were only some one to teach the use of ether in the great cities of Europe



(for nothing can more disqualify an individual for superintending the inhalation of ether than the habit of giving chloroform), search would soon cease for means by which chloroform might be administered with safety; for it would be found that the inconveniences on the part of ether, of bulk, odor, and slower action, all of which become diminished objections by practice and habit in its exhibition, are more than counterbalanced by the feelings of entire confidence and security, reassuring to both surgeon and patient, with which the inhalation of this anæsthetic may be conducted.

A NEW medical periodical, with the title of "Canada Medical Journal and Monthly Record of Medical and Surgical Science," has been started in Montreal, to be published monthly—edited by Drs. G. E. Fenwick and F. W. Campbell. It promises to be a credit to the medical profession in British America. We sincerely hope it may meet with better success than its predecessors. The first two numbers have been received.

The registration of births, marriages and deaths in Vermont for the year 1861, has just appeared, the publication being delayed by an omission of the usual appropriation. The births were 6567, the deaths 4038, the marriages 2188, and the divorces 66. More than twenty per cent. of the deaths were from consumption, and nearly twelve per cent. from diphtheria. The percentage of deaths was 1.31 of the entire population. A little more than the average. By a comparison of the registrations for the last five years with the census of 1860, it appears that while the State has increased its population 13,699, by the ascertained excess of births over deaths, it has lost by emigration 13,210, leaving only the small number of 489 as the net gain in five years. This loss by emigration is not apportioned uniformly among the population, with respect to age or condition, but is limited almost entirely to those in youth or middle life.

In 1863 no less than 1537 patients (15 of whom were not suffering from small-pox) were admitted into the Smallpox Hospital in London. The deaths amounted to 274, or 17 per cent. of the whole admissions. Of the whole number, 247 were unvaccinated, and 1273—no less than 83 per cent. of the admissions—vaccinated. The deaths amongst the unvaccinated averaged 47 per cent.; amongst the vaccinated, 9.9 per cent.

**VITAL STATISTICS OF BOSTON.**  
FOR THE WEEK ENDING SATURDAY, JULY 30th, 1864.

	Males.	Females.	Total.
Deaths during the week	71	61	132
Ave. mortality of corresponding weeks for ten years, 1853—1863,	49.2	46.5	95.7
Average corrected to increased population	00	00	105.32
Death of persons above 90	0	1	1

PAMPHLETS RECEIVED.—Annual Register of the Rensselaer Polytechnic Institute, 1864.  
—The Nervous and Vascular Connection between the Mother and Fetus in Utero. Revised and enlarged. By John O'Reilly, M.D., F.R.C.S.I.—Ophthalmic Review.

DIED.—In Philadelphia, Dr. Edward F. Corson, U.S.N., son of Dr. Hiram Corson, aged 30.

DEATHS IN BOSTON for the week ending Saturday noon, July 30th, 1864. Males, 71—Females, 61.—Accident, 2—apoplexy, 1—Inflammation of the bowels, 1—congestion of the brain, 3—disease of the brain, 2—bronchitis, 1—cholera infantum, 36—cholera morbus, 1—consumption, 11—convulsions, 6—croup, 1—cyanosis, 1—diarrhoea, 8—diphtheria, 1—dropsy, 1—dropsy of the brain, 4—drowned, 2—dysentery, 5—scarlet fever, 5—disease of the heart, 2—infantile disease, 1—intemperance, 1—disease of the lungs, 3—Inflammation of the lungs, 4—lupus, 1—marasmus, 1—measles, 2—cerebro-spinal meningitis, 1—old age, 3—paralysis, 1—smallpox, 3—teething, 1—Inflammation of the throat, 1—unknown, 15.  
Under 5 years of age, 78—between 5 and 20 years, 14—between 20 and 40 years, 18—between 40 and 60 years, 8—above 60 years, 14. Born in the United States, 106—Ireland, 21—other places, 5.